

UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Gust H. Bardy et al.

Confirmation No.: 7252

Serial No.: 09/940,287

Examiner: K. Schaetzle

Filing Date: August 27, 2001

Group Art Unit: 3762

Docket No.: 1201.1106101

Customer No.: 28075

For: SUBCUTANEOUS ELECTRODE FOR TRANSTHORACIC CONDUCTION
WITH INSERTION TOOL

RECEIVED

MAY 14 2004

TECHNOLOGY CENTER 3700

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PETITION FOR A ONE-MONTH EXTENSION OF TIME

CERTIFICATE UNDER 37 C.F.R. § 1.10: The undersigned hereby certifies that this paper or papers, as described herein, are being deposited in the United States Postal Service, "Express Mail Post Office to Address", having an Express Mail mailing label number of: EV 315613935 US, in an envelope addressed to:
Mail Stop Amendment, Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450
on this 6th day of May 2004.

By Kathleen L. Bookley
Kathleen L. Bookley

Dear Sir:

It is requested that the time for filing a response to the outstanding Office Action, now set to expire on April 27, 2004, be extended for one (1) month to now expire on May 27, 2004. Fees in the amount of \$55 are attached hereto.

Respectfully submitted,

Gust H. Bardy et al.

By their Attorney,

Date: 5/6/04

David M. Crompton
David M. Crompton, Reg. No. 36,772
CROMPTON, SEAGER & TUFTE, LLC
1221 Nicollet Avenue, Suite 800
Minneapolis, MN 55403-2420
Telephone: (612) 677-9050
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Gust H. Bardy et al. Confirmation No.: 7252
 Serial No.: 09/940,287 Examiner: K. Schaetzle
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TRANSMITTAL SHEET

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 Commissioner for Patents
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 Alexandria, VA 22313-1450

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Sir:

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 on this 6th day of May 2004.

By Kathleen L. Boekley
 Kathleen L. Boekley

We are transmitting herewith the attached:

- [] Amendment
 [] No additional claim fee required
 [] The claim fee has been calculated as shown:

CLAIMS AS AMENDED							
	(3)	(4)	(5)	SMALL ENTITY		OTHER	
	REMAINING CLAIMS	HIGHEST PAID	EXTRA	RATE	ADD'L FEE	RATE	ADD'L FEE
TOTAL CLAIMS	-	=		X 9=	\$	X 18=	\$
INDEPENDENT CLAIMS	-	=		X 43=	\$	X 86 =	\$
() FIRST MULTIPLE DEPENDENT CLAIM				+ 145 =	\$	+ 290 =	\$
TOTAL				\$		\$	

[XX] A check in the amount of \$55.00 is enclosed. Itemization:

Fee Code 2251 \$55.00

Fee Code _____ \$

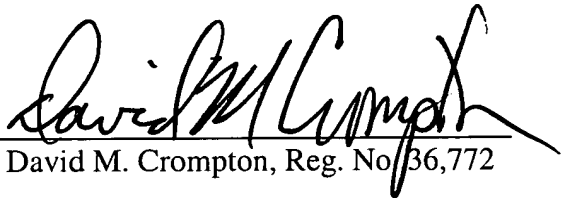
Fee Code _____ \$

[XX] Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established.

[XX] Other: PETITION FOR A ONE-MONTH EXTENSION OF TIME.

[XX] Return Receipt Postcard (MPEP 503).

[XXXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By: 
David M. Crompton, Reg. No. 36,772

David M. Crompton
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